

MISSOURI DIVISION OF PUBLIC HEALTH AND WELFARE										STANDARD CERTIFICATE OF DEATH										-61-035002									
DEPARTMENT OF PUBLIC HEALTH AND WELFARE										1003										8864									
Registration District No. 318										Primary Registration District No.										Registrar's No.									
AMENDED										STATE FILE NUMBER																			
1. PLACE OF DEATH										2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)																			
a. COUNTY										a. STATE Missouri										b. COUNTY									
b. CITY (If outside corporate limits, give TOWNSHIP only)										Length of stay in 1b										c. CITY OR TOWN									
OR TOWN St. Louis																				St. Louis									
c. FULL NAME OF (If NOT in hospital, give location)										Inside Limits										d. STREET ADDRESS (If outside, give location)									
HOSPITAL OR INSTITUTION Homer G. Phillips										Yes <input type="checkbox"/> No <input type="checkbox"/>										3615 Finney									
3. NAME OF DECEASED										4. DATE OF DEATH										5. AGE (last birthday)									
(Type or print)										First Middle Last										Month Day Year									
Jones										Strickland										9 21 61									
5. SEX										6. COLOR OR RACE										7. Married <input type="checkbox"/> Never Married <input type="checkbox"/>									
Male										Negro										Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>									
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)										10b. KIND OF BUSINESS OR INDUSTRY										11. BIRTHPLACE (City and state or country)									
Retired Laborer										None										Athens, Ga.									
12. CITIZEN OF WHAT COUNTRY										13a. FATHER'S NAME										13b. MOTHER'S MAIDEN NAME									
USA										Wiley Strickland										Dinah									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)										16. SOCIAL SECURITY NO.										17. INFORMANT Address									
No																				Willie Buckner-3615 Finney									
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:										INTERVAL BETWEEN ONSET AND DEATH																			
IMMEDIATE CAUSE (a)										Mesenteric Artery Thrombosis										Undet.									
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b)										Generalized Arteriosclerosis									
										DUE TO (c)										4500									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										PART III. If deceased was female was there a pregnancy in last 90 days.																			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>										20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>										20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)									
20c. TIME OF INJURY Hour a.m. p.m.										Month, Day, Year																			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>										20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)										20f. CITY, TOWN, OR LOCATION COUNTY STATE									
21. I attended the deceased from 9-18-61 to 9-21-61 and last saw him alive on 9-21-61										Death occurred at 7:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.																			
22a. SIGNATURE (Degree or title)										22b. ADDRESS										22c. DATE SIGNED									
Sydney C. Fraser, M. D.										2601 N. Whittier Street										9-21-61									
23a. BURIAL, CREMATION, REMOVAL (Specify)										23b. DATE										23c. NAME OF CEMETERY OR CREMATORY									
Removal										9-26-61										Washington Park									
24. FUNERAL DIRECTOR ADDRESS										25. DATE RECD. BY LOCAL REG.										26. REGISTRAR'S SIGNATURE									
A. L. Beal Und.Co.-4303 Delmar										SEP 25 1961										Earl Smith, M.D.									

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Arthur L. Heilbard

Licensed Embalmer No.

4221

P. O. Address

3100 Easton A

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.